

**BEFORE THE MINNESOTA  
BOARD OF PSYCHOLOGY**

In the Matter of  
Suzanne James, Ph.D., L.P.  
License No. LP0159

**STIPULATION AND  
CONSENT ORDER**

IT IS HEREBY STIPULATED AND AGREED by Suzanne James, Ph.D., L.P. (“Licensee”) and the Minnesota Board of Psychology (“Board”) as follows:

1. During all times herein, Licensee has been and now is subject to the jurisdiction of the Board from which she holds a license to practice psychology in the State of Minnesota.

**FACTS**

2. For the purpose of this stipulation, the Board will assume the following statements to be true, recognizing that Licensee disputes some of these specific factual allegations. It is the intent of the parties that this Stipulation and Consent Order is a settlement of a disputed claim, and the facts set forth herein shall have no collateral estoppel effect, *res judicata* effect, or other preclusive effect in any proceeding outside the Minnesota Board of Psychology:

a. Licensee practiced in St. Cloud, Minnesota, at a private practice with eight other psychologists. Licensee’s clients are individuals going through transition issues, adjustment disorders, couples, remarried couples, and persons with histories of severe trauma.

b. In her first job as a mental health professional, beginning in or around 1986 or 1987, Licensee had a client who was a 15-year-old girl who claimed she was the daughter of a high priest of a cult and that she was scheduled to be killed at the age of 16. Licensee stated this client’s story “gradually unfolded” and, despite details that varied, the

client's story had internal consistency. Regarding the accuracy of clients' recollections of past events, Licensee opined that "internal consistency is what counts, that you can see that it stays the same over time."

c. Beginning around 1989 Licensee began educating herself and attended workshops and training in the areas of dissociative identity disorder ("DID") and complex posttraumatic stress disorder ("PTSD").

d. At the time of the interview, approximately one-third of her clients were victims of sexual abuse and two of her clients were diagnosed with DID.

e. Licensee stated she has had five clients who have been victims of childhood cult activity. According to Licensee, a client whom she treated from 1993 to 2001, initially informed her of secret government testing and programming of adults and children in the mid-fifties in military installations. The code name for one of the programs was Bluebird.

f. Licensee stated she first began providing therapy to client #1 (*female*) in July 2002. Client #1 was referred by another psychologist to Licensee after she began presenting "alters" (other personalities) during her sessions.

g. Licensee stated client #1 presented to her with depression, confusion, and anger due to the transfer from her previous psychologist to Licensee. Licensee stated:

[Client #1 was] "clearly dissociative, could identify time loss, [had] psychic numbing, [was] pretty flat, [had a] long-term history of depression, she didn't know why, [she was] just always feeling like she was on one cylinder, intrusive thoughts, flashbacks . . . she really thought she was crazy and that I was going to lock her up."

h. Licensee stated client #1's first alter, "alter #1" came out at their third or fourth session, in August 2002. Licensee indicated that alter #1 became her main contact to let Licensee know about client #1's internal system and allow her to start "mapping" client #1's

internal system. Licensee stated that she has talked to 20 of client #1's "alters" and that an alter recently told Licensee, "You've talked to about half of us."

i. Licensee stated that "starting last summer" (i.e., summer of 2005), "things were escalating" for client #1, [t]here were more emergencies . . . [s]he was dealing with multiple pressures," including pressure from her family to discontinue therapy, and "[t]here were internal pressures building up and aimed toward her fiftieth birthday. Licensee indicated that at that time, the frequency of her sessions with client #1 increased to two times per week. Licensee acknowledged "at times" she and client #1 had daily telephone conversations.

j. At the Board's request, Licensee provided treatment records for client #1 from January 2004 through August 10, 2006. Licensee included some history for client #1 in a letter to client #1's psychiatrist and a report to an employee of a state agency, as follows:

1) On February 5, 2004, Licensee wrote a letter to client #1's psychiatrist to provide an update regarding client #1's current status, including client #1's severe depression with suicidal ideation and some gestures over the past couple of weeks. Licensee also wrote, in part:

I'm assuming you are aware of the DID diagnosis, resulting from a horrendous abuse history during childhood and adolescence. Both parents were involved and there is a likelihood of satanic cult activity as well.

I have established a strong therapeutic relationship with her multiple system who are cooperative and kept [client #1] protected from the abuse for the past 45 years to the extent that [client #1] knew nothing—so the abuse had no reality for her. Until three weeks ago when [client #1] began putting together some pieces around her brother's [redacted] suicide 15 years ago.

Licensee also developed a safety plan with client #1, and the main goals for client #1's therapy "will be the deprogramming and grieving of the loss of illusions re Mom." Licensee also stated, "This probably sounds pretty fantastic, but it is [client #1's] reality right now."

2) On December 20, 2005, Licensee wrote a letter to an employee of a second state agency. Licensee reported the psychological health of client #1 and requested information regarding the client's eligibility for Social Security Disability. Licensee's report included, but was not limited to, the following information:

i. Licensee reported that "[w]ith inquiry and over time it became clear that [client #1] exhibited characteristic symptoms of Dissociative Identity Disorder," including time and memory loss, headaches, forgetting where she put things, things showing up she did not remember buying, panic attacks several times a week, flashbacks, intrusive thoughts, severe sleep disturbance, and impaired body perceptions. Licensee stated:

Over time there was a shifting of executive control among various alters or dissociated ego states whose main function since infancy has been to protect [client #1's] core personality, from the extensive and severe abuse and torture that began before she was out of diapers. This is all by self-report, but the internal consistency of the telling over three and a half years and the consistency of the memories themselves argue for their veracity.

ii. Licensee's letter also stated that client #1 "appears to have been a survivor of the U.S. Government mind control experiments on children from the ages of 4 to 14 approximately which fits with historical accounts of such programs in the early 60's and 70's." Licensee added:

There were repeated efforts to break her mind and her spirit and many mind control programs were installed through the use of severe pain and torture techniques in efforts to gain complete dominance over her. Two brothers around her age were also reportedly sold by the parents for these experiments and have since suicided as adults. In addition there are frequent episodes of familial and cult abuse over the years involving the client and her two brothers. Her youngest sister is now coming forward seeking psychological treatment for father incest.

iii. Licensee opined that, based on her long-term and intense psychotherapy with client #1, she currently had the following multi-axial diagnoses:

AXIS I:       Dissociative Identity Disorder.  
              Post-Traumatic Stress Disorder, chronic.

Major Depression.  
AXIS II: Personality configuration with dependent features.  
AXIS III: Severe chronic pain; permanent sequelae of two auto accidents.  
AXIS IV: Unresolved abuse and mind control programming issues; threat of bodily harm in her daily environment; financial pressures.

k. In March and June 2006, the Board received complaints regarding Licensee's treatment of and conduct with client #1, including the following:

1) Client #1 was becoming more impaired under Licensee's care, including that client #1 became increasingly detached from her family, fearful of going out in public, and being alone or going anywhere except to therapy sessions with Licensee and to her (i.e., client #1's) dance studio.

2) Licensee fostered client #1's dependency on her. For example, even before the summer of 2005, when Licensee increased client #1's therapy sessions to twice weekly, Licensee and client #1 talked daily for 30 to 90 minutes. Client #1 was described as being unable to function without direction from Licensee.

3) Licensee provided client #1 with the name and telephone number of another client (client #2) who was also treated by Licensee. Reportedly, client #2 is quite impaired, has a criminal record, and became obsessed with client #1.

4) Licensee told client #1 a cult would attempt to kidnap her and take her to Canada on her fiftieth birthday. Therefore, Licensee arranged for client #1, client #2, and a friend of client #1's to spend the weekend of client #1's birthday at a hotel.

5) Licensee does not refer to client #1 by her given first name; rather, Licensee addresses client #1 as the name of one of her alters.

6) Licensee told client #1 and her spouse that a cult had stolen Licensee's file for client #1. Later the same day, Licensee called client #1 to say she had found the file.

7) Licensee's colleagues expressed concerns to Licensee that she accepts clients' recollections of past events without gathering collateral information and that some of Licensee's clients are presenting with increasing numbers and complexities of different personalities. Further, there is a concern that Licensee's reports of these client cases include bizarre stories involving cults and plots. Although Licensee has stated to colleagues that these stories are generated by clients, it is not apparent that the stories are client-driven versus provider-driven, in that the same clients do not discuss these issues with other providers. It is further alleged that Licensee's clients who have a DID diagnosis are not making progress in integrating their personalities.

1. It is below the minimum standard of care for psychologists treating persons who are recovering childhood memories to consider everything that the client tells the psychologist as absolute truth and to fail to maintain a skepticism about these memories. This is due, in part, to the fact that children mask memories so they make sense to them and to help them feel safer. In addition, when adults recapture childhood memories, the memories tend to be tainted because they are based on the cognitive capacity of the child at the time the memory was laid down. During her interview with the AGO investigator, Licensee discussed her unusual approach regarding the veracity of recovered childhood memories in general and client #1's in particular, including the following:

1) Licensee stated she tells clients that she will believe what they tell her until they tell her not to. Licensee explained that she goes by what the clients tell her and listens to the internal consistency of the memories over time.

2) Licensee indicated that client #1 would recover new memories of childhood abuse at almost every session and that client #1 recalls being tortured "fresh out of the

hospital as an infant.” Licensee explained that a number of her clients have voluntarily provided memories that occurred before the age of two, and “that’s their reality. I’m not going to argue with them about it.”

3) Licensee stated she did not assess the authenticity of client #1’s memories because of the need to speak with client #1’s mother, and she did not have a signed release to do so. Licensee also stated as client #1’s story unfolded it sounded to her as if client #1’s mother would not be a reliable witness. Licensee did not explain why she did not attempt to obtain collateral information from client #1’s other family members, including her sisters and husband.

4) During her interview with the AGO investigator, Licensee acknowledged her strong belief that client #1’s memories of childhood abuse, torture, and mind-control programming by her parents, a cult, and the U.S. government actually occurred because of the consistency of the memories over time and because of published reports and documentation surrounding government mind-control programs. Licensee claimed client #1 had no access to these published reports and documentation; therefore, client #1’s memories, which coincided with such information, could not have been suggested to her but rather were genuine memories of things she had experienced. As an example, Licensee stated that client #1 started naming doctors, and claimed there are hundreds of references to those doctors in the literature related to government mind-control programs. Licensee indicated she did not believe that client #1 had read any books about Dr. Cameron, “the architect,” of mind control. Licensee also dismissed the possibility that client #1 had seen information about Dr. Cameron the mind-control program on the Internet. Licensee asserted client #1 “is never on the computer. She doesn’t have computer skills, so she never uses the computer, because I have encouraged her to do that

about other things . . . . She said, ‘Well, I don’t know how to use the computer.’” This assertion is contradicted in Licensee’s progress notes. On January 6, 2004, Licensee documented that client #1 was having a dispute with her car insurance company, and “[s]he is doing some more checking on the Internet.”

5) Licensee stated she did not encourage client #1 to attempt to confirm the authenticity of her memories with regard to the cult activity or the mind-control programming because client #1 knew places, such as that a lot occurred on her grandma’s farm. Licensee stated that client #1 drew a picture to illustrate how close the farm was to a naval base, with boats traveling from the base to Canada and sometimes stopping by Dr. Cameron’s house. Licensee stated, “It was just put out as a very straightforward story.” Licensee added that “lots of other children” were being taken to Canada for use in experiments. It is not possible to discern what parts of this “history” are based on “memories” supplied by client #1 and/or her alters and what parts of this history were filled in or suggested by Licensee, based on her interest in and knowledge of government mind-control programs and cult activity.

m. Licensee failed to maintain appropriate boundaries with client #1 by fostering the client’s dependence on her and by encouraging client #1 to distance herself from her family including, but not limited to, the following examples:

1) Licensee engaged in frequent telephone contact with client #1. Licensee was aware that this level of contact was problematic. During her interview, Licensee stated at times she considered telling client #1, “We need to contain to twice a week and maybe one or two phone calls during the week.” However, Licensee justified the frequent contact with client #1 as follows:

[T]here was always a crisis to her safety because there were people at this point doing things to her, grabbing her neck in a certain way, flashing car lights, shining



red lights that put her into a trance or altered state that had been set up a long time ago. She was to follow them then. The next car that she heard beep three times she would follow and then they would take her out in the woods and assault her, you know, attempts to break her as much as possible.

Licensee's progress notes often describe telephone conversations with client #1 (or one or more of her alters) wherein Licensee is talking client #1 through the cult's pursuit of her.

2) Licensee encouraged client #1 to separate herself from family members because client #1 was continually victimized by her family and scapegoated. However, there is no indication Licensee obtained information from sources other than client #1 and her alters to corroborate that client #1 was continually "victimized" and "scapegoated" by her family.

3) Client #1's family members found in client #1's car a list of instructions from Licensee directing client #1 exactly what to do at every time of the day and stating which of client #1's "alters" was assigned to do each task. For example, the list instructed one of client #1's alters when to take over and pick up the children from school. Client #1 told her family members, "These are my personalities and [Licensee] lays out what I do during the day and how I go about it and where I go and what I do and what personality comes out."

n. Licensee also failed to maintain appropriate boundaries with client #1 and therefore was unable to maintain objectivity in her treatment of client #1 because she entered into, encouraged, and embellished client #1's "memories" of being tortured and abused since infancy and client #1's current conviction that the cult and her mother were still trying to control and harm her. Licensee's frequent reinforcement of and reminders to client #1 of her memories call into question Licensee's contention that the internal consistency and consistency over time

of client #1's memories validate their authenticity. As reflected in the examples below, often it appears that it was Licensee who maintained the consistency of the memories:

1) There are frequent references in Licensee's notes about client #1's mother having instilled "trigger words" in client #1 when the client was purportedly being abused and tortured as a child and then the mother using the "trigger words" in the present to control or frighten client #1. On January 6, 2004, Licensee documented that client #1 "disassociated from Christmas Day until yesterday" because, according to one of client #1's alters, her "mom showed up Christmas night unexpectedly and deliberately triggered many of the alters into a place of fear and intimidation." On January 8, 2004, Licensee documented client #1's report that her mother went to the dance studio the previous night and they had a normal conversation until something her mother said caused client #1 to have a memory of an event that occurred when client #1 was 12 or 13 years old. Client #1 related that her mother started singing "Rock A Bye Baby" as she was leaving the studio, which had no meaning for client #1. Licensee documented, "I checked a list of trigger phrases that mom uses with various alters, and it turns out that is one of client #1's alter's trigger phrase."

2) Licensee's letter of February 5, 2004, to client #1's psychiatrist presented the following as factual findings about client #1:

Mom is also very dangerous as it turns out. She early on used mind control/brainwashing techniques with [client #1] (and probably [redacted] as well), embedding self-destructive behaviors that would be activated by her words. Mom has been using them repeatedly for weeks with the system which has been able to resist. . . . However . . . [client #1] responded twice to Mom's "trigger words" and OD'd on meds only to [be] saved by her system. We are all (system and myself) very concerned re [client #1's] safety.

3) Licensee often had to convince client #1 (or one of her alters) of the authenticity of her history of abuse. For example:

i. On November 2, 2004, Licensee documented her telephone call to client #1, while she was out of town, and spoke to alter #2, who told a story of going to the water looking for her three babies. Licensee's note states:

When seeing her this morning, [alter #2] was again in her dissociative state, believing that she had to go to the lake to get her babies, and I worked hard at persuading her that it was a trick and using hypnotic imagery to help her separate from the fantasy that her babies were still alive as Mom had promised. I pointed out to [alter #2] that not only had her mother been present for each of the three births, but had been instrumental in the babies being killed for sacrifice.

ii. Licensee's progress note of March 17, 2005, documents a telephone call from client #1 in which she expressed frustration and confusion at her lack of memory. Licensee's note states, "I explained once again that I believe the drugs, [the] deliberate drugging of her by her mother, is making memory retrieval even more difficult than usual." During her interview, Licensee stated, "Twice her mother used drugs to erase her memory for the therapy and for me." When asked how she knew the mother was drugging client #1, Licensee stated, "Reports by others inside who weren't affected by the drugs." Thus based on information purportedly supplied by one or more of client #1's alters, Licensee informed client #1 and apparently believed herself that client #1's mother was drugging her, although Licensee had no corroboration for this allegation, which she presented to client #1 as a fact.

4) Licensee entered into and elaborated on client #1's growing paranoia about being pursued by a cult. On September 5, 2005, Licensee noted that alter #3 "was able to furnish some very important information today, saying that [name redacted] signaled them with a laser light that flashed red. One flash means 'follow me wherever I go,' two flashes means 'hurt somebody,' and three flashes means 'go with this man who is with me and do sexual favors.'" Licensee's note states, "I am very concerned about their safety and did loan them a pair of very dark sunglasses, thinking that might give them some protection from the

light if this [redacted name] shows up again.” During her interview, Licensee stated that the laser light was being used by somebody from the cult who knew “this way to trigger.” Licensee further explained that the person with the laser light was “ [a doctor]who had been [client #1’s] trainer from ages four to 15,” and that client #1’s mother had called [the doctor] back into town “to get [client #1] back under control again, because they knew that she was seeing me and the efforts at triggering her were not nearly as effective as they had been.”

5) Licensee’s belief that client #1 was a victim of childhood abuse, torture, and mind control at the hands of her parents and a cult and that her mother and the cult were still trying to control and harm her often appears stronger than client #1’s belief in those “memories.” There are frequent references in Licensee’s notes to client #1’s doubts that she had been abused by her parents or subjected to mind control. Licensee’s response to these doubts was to label them as “denial” and to reinforce to client #1 that the memories, most of which were supplied by client #1’s alters, were authentic. For example:

i. On March 23, 2004, Licensee documented that client #1 “has again retreated into denial, not believing it is possible her mother could have done and said what the rest of the system is attesting to. I encouraged her to simply be observant and to listen as she opens herself to learn the truth, and she agreed.”

ii. On September 1, 2004, Licensee documented part of the session as follows:

Within a few minutes, surprisingly, [client #1] went into flashback and remembered the second part of her programming, which was that she was not to remember what she remembered. . . . Even though I gave her the suggestion to remember after our work was over this afternoon, there was no memory of it within a few minutes after it was stopped. . . . [Client #1] reoriented fairly quickly and then had questions about mind control techniques, how could that go on and how in the world would her parents ever get involved in that. I said at this point

we had more questions than answers, but I asked her to think about how her father supported such a large family on a modest salary.

iii. On September 30, 2004, Licensee noted, “[n alter] still struggles with denial and questioned whether the others had put those pictures into the client’s head. When I said they had not and that others had very similar stories, she said she needed to think about it which I encouraged her to do.”

6) Licensee became so caught up in the cult conspiracy that she involved law enforcement to assist in saving client #1 from the cult’s efforts to gain control of her. On January 30, 2006, Licensee called the county sheriff’s office and reported that client #1 was a victim of cult activity and harassment. Licensee arranged for a detective to meet her and clients #1 and #2 at the local library. On January 31, 2006, Licensee met the detective at the library and told her she had two “survivors” (clients #1 and #2) with her. During this meeting, it appeared to the detective that Licensee was “leading” the clients as they told their stories. Licensee and client #1 gave the detective information including, but not limited to, the following:

i. Licensee stated that clients #1 and #2 were at one time in cults, that cults were very prevalent in the area, and that cults permeate every group and profession, including law enforcement. Among other things, Licensee told the detective:

Cults breed women and young girls throughout -- that’s how they get children in and also sacrifices. . . . So they often have a what they call breeders and they start, as soon as they have had their first menstrual cycle that they’re -- they’re able to become pregnant. And so many of those have many babies and they do terrible things around that.

ii. Licensee stated as client #1’s birthday approached, the cult’s attempts to get client #1 back into the cult were becoming more serious and frequent because client #1 was designated to marry the “High One” on her fiftieth birthday. These attempts involved the cult leaders’ use of “trigger words” to control client #1 and make her do

things. Licensee warned the detective that she too was probably now in danger and could end up dead or assaulted.

iii. Licensee told the detective that the cult follows client #1, leaves notes on her car, and threatens her. Licensee drew a map for the detective showing where the cult had followed client #1. Licensee indicated that if something was not done soon, client #1 would “just disappear” on her birthday.

iv. Licensee and client #1 told the detective that on October 28 and October 31, 2005, client #1 had been assaulted and subsequently was examined by a nurse practitioner at a medical facility. The detective contacted the medical facility and learned there were no physicians or nurse practitioners with the name client #1 provided employed there.

v. The detective’s transcript regarding this meeting refers to client #1 by the name of one of her alters. Licensee’s note for January 31, 2006, states that “[alter] took the meeting” with the detective. Licensee noted the purpose of the meeting was “to widen [client #1’s] support system and start building more of a paper trail should it be needed.”

7) During her interview with the AGO investigator, Licensee explained the rationale concerning client #1’s safety in the time leading up to her fiftieth birthday. Licensee’s explanation makes it clear she was convinced of the threat from the cult, even though she acknowledged that the scenario she described did not sound rational. Licensee stated:

So what’s clearest for me in going through the case notes was the increase in pressure from the outside to trigger her to get her into a very compliant place or self-destruct before her birthday. . . . [T]his is going to sound loony tunes. She had been set up from conception to become the bride of the high one at age 50 and at that point she would supervise the cult rituals; and they had to have complete psychological and physical control over her by that time to get her to stay and do that.

o. Licensee subjected client #1 to potential harm by introducing her to another client whom Licensee was also treating for DID (client #2). Licensee stated that she thought it would be helpful for client #1 to meet someone, such as client #2, who has “walked away from a cult and is doing fine.” Licensee indicated she obtained both clients’ permission to introduce them to each other. However, Licensee did not comment whether, given client #1’s vulnerability and the appearance at different times of numerous alters, client #1 was able to consent to an unorthodox plan in which two individual therapy clients meet each other, share their histories, and become friends. Licensee stated she thought “long and hard” about this arrangement because she “knew that [it] would be going outside the box” to introduce client #1 and client #2 to one another. Licensee rationalized this treatment plan because of “the amount of ego strength that they had,” and she did not “foresee any serious consequences to either one as a result of that, that meeting and alliance.” On January 24, 2006, Licensee documented that clients #1 and #2 had met and “[t]his went well and was affirming for both of them as they shared experiences and language very rapidly . . . they exchanged phone numbers and will continue the contact.” Licensee continued to encourage and facilitate the contact between client #1 and client #2, which included the following:

1) Licensee stated one reason she decided to arrange for clients #1 and #2 to meet was “ [client #1’s fiftieth birthday] was approaching and I was trying to come up with options about what would help.” Licensee thought the meeting with client #2 would empower client #1. However, client #2 reportedly had a history of criminal behavior since the age of 16, was currently embroiled in legal difficulties due to charges concerning a DWI and the theft of a firearm and an attempt by her family to have her committed due to mental illness.

2) On March 14, 2006, Licensee documented that her plan to have client #1 stay at a hotel from Friday morning until Sunday noon with two friends who would keep client #1 there “was successfully completed.” One of the two friends was client #1’s friend of 20 years; the other “friend” was client #2. Licensee went to the hotel to provide therapy to client #1 once or twice daily over the weekend. Licensee stated the goal for the hotel stay was to prevent client #1 “from following her compulsion to leave” and drive to Canada to be with the cult. Licensee indicated that at a therapy session prior to client #1’s birthday, “they” (presumably client #1’s system) “had outlined various routes they were to take” to Canada.

3) Client #2 wrote letters to client #1 and client #1’s friend apologizing for her behavior. Client #2’s letter to client #1 states, in part, “I am writing to say how deeply I am sorry to you & your whole family for the trouble and discomfort I have caused all of you with my illness. . . . I will not cause you any more pain. . . . Please tell [your husband] how sorry I am.” Although the behavior or incident(s) that prompted client #2 to write this letter are not apparent, it is clear client #2 caused trouble for client #1 and her family and, contrary to Licensee’s prediction, there were negative consequences for both clients due to Licensee’s decision to introduce clients #1 and #2.

p. Licensee’s plan to keep client #1 safe on her fiftieth birthday was inappropriate and dangerous to client #1. If Licensee believed client #1 would be unable to control her compulsion to drive to Canada to join the cult, the minimum standard of care required Licensee to recommend the hospitalization of client #1, instead of the hotel stay. Licensee’s unwillingness to consider psychiatric hospitalization for client #1 based on the client’s desire not to be hospitalized is evidence of Licensee’s impaired objectivity. Licensee allowed client #1’s concerns to interfere with her own clinical judgment.



q. By letter dated January 18, 2005, client #1's psychiatrist expressed her concerns to Licensee regarding Licensee's therapeutic paradigm, including the following:

1) The psychiatrist questioned Licensee's acceptance of the dramatic events reported by client #1 and the accusations toward her family without any corroborating evidence.

2) The psychiatrist stated, "I see [client #1] as a very fragile woman who is quite dependent on yourself."

3) The psychiatrist also advised Licensee, "After extensive consideration of the case and consultation with colleagues, I don't feel that I am comfortable continuing as part of this treatment team." The psychiatrist indicated she would discuss these concerns with client #1, and if client #1 decided to continue treatment with Licensee, the psychiatrist would transfer client #1 to another psychiatrist who was more comfortable with Licensee's therapy approaches.

r. On May 9, 2006, Licensee documented client #1's statement that her psychiatrist would see her one more time and then no longer see her for psychological services, because the psychiatrist did not agree with Licensee's treatment. Client #1 told Licensee it was her impression that the psychiatrist "did not believe her about all the 'birthday stuff' and the mind control programming." Licensee told client #1 that "what was important was that both she and I believed what happened back there and were doing the healing work and possibly it was better that [the psychiatrist] not be on the treatment team if she neither understood nor approved of what we were doing." It appears from this time forward, client #1's medical doctor prescribed client #1's psychotropic medication. Thus Licensee became client #1's sole provider of mental health treatment.

s. In her report to an state agency employee, Licensee failed to include reservations or qualifications concerning the validity or reliability of her conclusions and included inappropriate information in the report, as follows:

1) Licensee included information about client #1's "self report" of her history of severe abuse and torture and mind-control programming by her parents, a cult, and the U.S. government. However, Licensee failed to include a qualification that most of this history was provided by client #1's "alters," that client #1 had no memory of any of these events before or independent of recollections supplied by her "alters," and that such recovered memories cannot be considered to be accurate factual accounts of actual events.

2) Licensee also failed to qualify her "professional opinion" that client #1 had a history of abuse and mind-control programming because she had no corroboration and had deliberately sought no corroboration of any of client #1's recovered memories. Licensee's assurance that the reported history of abuse since "before she was out of diapers" had veracity by virtue of the consistency of the story over time is of particular concern with regard to her allegation that client #1's parents "reportedly" sold her two brothers to the U.S. government for the mind-control program and the implication that the brothers' suicides were related to this type of abuse. Licensee had no independent reports of the brothers' history or possible reasons for their suicides.

3) It is not clear how Licensee obtained the information in her report that client #1's "youngest sister is now coming forward seeking psychological treatment for father incest." However, there is no indication Licensee had consent from client #1's youngest sister to reveal to the state agency employee that she was seeking psychological treatment for father incest.

t. Licensee's long-term treatment goals for client #1 were for her to have "more cooperation, more integration, and most of all a sense of peace about herself and her life." As of November 2006, there is little evidence client #1 was any closer to integrating her personalities and attaining stability and a sense of peace than when she started therapy with Licensee in July 2002. To the contrary:

1) On October 12, 2004, Licensee asked client #1's "system" to create a new alter/personality. Licensee's note states, "[An alter] said she had created a new alter as we had discussed that I would meet this morning, someone who has no memories and can't be triggered by Mom, but has full knowledge of how dangerous she can be and even has some of the memories." During her interview, Licensee stated she "deliberately" asked the system to create a new alter as part of a safety plan, "a protective shield," for when client #1 went away for the weekend with her mother and sisters.

2) On May 10, 2006, Licensee documented that client #1's psychiatrist called Licensee because "[s]he found my communications to her about crisis times and information about the pressing issues as hard to believe and without collateral evidence. Further, there seemed to be increasing fragmentation." During her interview, Licensee was asked to address the issue of fragmentation versus integration. Licensee stated, "In the model that I follow, that's a normal course that follows in the face of treatment. From a cognitive behavioral standpoint, that's exactly what you want to obliterate. So it's two different treatment models." Licensee indicated that "what to me was revealing more information, sharing more of their internal history and experience, to [client #1's psychiatrist] signified that the therapy wasn't working." However, Licensee did not indicate how long the process of revealing more alters

(fragmentation) and obtaining internal history might take and/or what would signify to her that this process was complete and the process of integration could begin.

3) As noted above, Licensee stated that as of November 2006 she had talked to 20 alters, only about half of the alters in client #1's system. Thus, after over four years of therapy, it appears that Licensee and client #1 were no closer to the original goal of integration of her personalities; in fact, with the continuing emergence of newly revealed and created alters, this goal appeared to be moving farther into the future, not closer. Furthermore, in light of client #1's increasing preoccupation throughout the course of therapy with fears that her mother and the cult were attempting to control or destroy her, it is clear that client #1 was far from attaining the goal of a sense of peace about herself and her life.

u. Licensee was referred by the Board to Resurrection Health Center ("RHS") for a comprehensive evaluation in connection with a complaint filed about her care of client #1. Licensee complied with the Board's request and on December 8, 2008, RHS, through its Multidisciplinary Assessment Program ("MAPS") conducted a Comprehensive Assessment of the Licensee. As a result of the Comprehensive Assessment MAPS is of the opinion that the Licensee is unable to practice with reasonable skill and safety without conditions and restrictions on her practice with DID patients.

## **REGULATIONS**

3. The Board views Licensee's practices as described in paragraph 2 above to be in violation of statutes and rules enforced by the Board. Licensee agrees that the conduct cited above constitutes a violation of Minn. Stat. § 148.98 (2008) and Minn. R. 7200.4500 (code of conduct); Minn. Stat. § 148.941, subd. 2(a)(1) (2008) (violation of statute or rule Board is empowered to enforce); Minn. Stat. § 148.941, subd. 2(a)(3) (2008) and Minn. R. 7200.5700

(unprofessional conduct); Minn. R. 7200.4810, subp. 1 and 3 (impaired objectivity); Minn. R. 7200.5000, subp. 3.B (failed to state reservations or qualifications concerning the validity or reliability of the conclusions formulated and recommendations made in a written report), and constitutes a reasonable basis in law and fact to justify the disciplinary action provided for in the order.

### **REMEDY**

4. Upon this stipulation and all the files, records, and proceedings herein, and without further notice or hearing herein, Licensee does hereby consent that until further order of the Board, made after notice and hearing upon application by Licensee or upon the Board's own motion, the Board may make and enter an order as follows:

a. ***Practice Restriction.*** Licensee is prohibited from accepting any new dissociative identity disorder ("DID") patients. She may continue to provide psychotherapy to the three DID patients she has been seeing, subject to the terms and conditions of this stipulation and consent order.

b. ***Supervision of Licensee by Board-Approved Psychologist.*** Licensee shall practice psychology only under the supervision of a supervising psychologist approved in advance by the Committee from a list of at least three names Licensee has submitted to the Committee. Licensee shall cause each psychologist listed to submit a current vitae to the Board for the Committee's review prior to its approval of a supervisor. The Committee reserves the right to reject all names submitted by Licensee. If the Committee rejects any names submitted, the Committee may require that Licensee submit additional names as described above, or the Committee may provide Licensee with the name of a supervisor. Licensee shall have no previous personal or professional relationship with the supervisor. Licensee shall obtain a

supervising psychologist within one month of the date this Stipulation and Consent Order is adopted by the Board and shall meet with the supervising psychologist no less than 2 hours per month for the duration of the Respondent's treatment of DID clients, or until the Board approves Respondent's petition to remove the supervision requirement if approved. The purpose of the meetings is to review Licensee's competence in providing therapeutic services to clients, including her three remaining DID clients, and her professional boundaries regarding same.

Licensee shall practice under supervision for a minimum of two years. However, after one year, and following successful completion of the requirements set forth in paragraphs 4.c. through 4.h., Licensee may petition the Committee for a reduction in supervision from two hours per month to one hour per month.

c. ***Supervisor's Reports.*** The supervising psychologist shall provide a report to the Committee every three months and at the time Licensee petitions to have the conditions removed from her license. The first report is due three months from the date supervision begins, and all subsequent reports shall be submitted on the first day of the month in which they are due. Each report shall provide and/or address:

- 1) In the first report, evidence Licensee's supervisor has received and reviewed a copy of the Stipulation and Consent Order;
- 2) Dates on which supervision took place with Licensee;
- 3) The method by which supervision was conducted;
- 4) A statement that all DID cases have been reviewed, a description of any problems discovered in the review, and the resolution of the problems;
- 5) The supervisor's opinion as to Licensee's ability to provide competent services to DID clients;

6) Any other information the supervisor believes would assist the Board in its ultimate review of this matter; and

7) At the time Licensee petitions for removal of the above-referenced conditions, the supervisor's report shall include an assessment of Licensee's ability to conduct herself in a fit, competent, and ethical manner in the practice of psychology as well as provide a recommendation as to whether Licensee is professionally suited to work with DID patients in the future, if and when Licensee should return to accepting new DID patients, and the maximum number of DID patients she should have in her case load.

d. ***Treating Therapist's Reports.*** Licensee shall come under the care of a therapist experienced in working with health care professionals in order to help herself better understand her own dynamics in dealing with stress and distress and to explore how her history may impact her care of clients. Licensee shall comply with the treatment recommendations and shall be responsible for the cost of treatment. The therapist who will provide the treatment shall be approved in advance by the Complaint Resolution Committee from a list of at least three names submitted to the Board by Licensee. The therapist shall submit a report to the Committee every 3 months and at the time Licensee petitions to have the conditions removed from her license. The first report is due 3 months from the date treatment begins, and all subsequent reports shall be submitted the first day of the month in which they are due. Each report shall provide and/or address:

1) In the first report, a statement that the therapist has received and reviewed a copy of this Stipulation and Consent Order;

2) In the first report, identification of a treatment plan which includes helping Respondent better understand her own dynamics in dealing with stress and distress and

to explore how her history may impact her care of clients with DID. Any subsequent changes made in the treatment plan shall be identified in later reports;

3) A statement of the involvement between Licensee and the therapist, including dates, number, and frequency of meetings;

4) Licensee's therapeutic progress and compliance with the treatment plan;

5) The therapist's opinion as to Licensee's capacity to understand her professional role and the boundaries of that role in providing psychological services to her clients;

6) The therapist's opinion as to the need for continuing therapy and/or Licensee's discontinuance of therapy;

7) Any other information the therapist believes would assist the Board in its ultimate review of this matter; and

8) At the time Licensee petitions for removal of the above-referenced conditions, the therapist's report shall include an assessment of Licensee's ability to conduct herself in a fit, competent, and ethical manner in the practice of psychology.

e. ***Boundaries Course.*** Within 30 days of the date this Stipulation and Consent Order is adopted by the Board, Licensee shall arrange to enroll in an individualized professional boundaries training course. The Committee will provide Licensee with a list of such courses, which have been approved, for the purposes of satisfying this requirement. Licensee shall complete the course within twelve (12) months of the date this Stipulation and Consent Order is adopted by the Board. All fees for the course shall be paid by Licensee. Successful completion of the boundaries course shall be determined by the Committee.



f. ***Report on Boundaries Course From Licensee.*** Within 30 days of completing the professional boundaries course referenced above, Licensee shall submit a report to the Committee which provides and addresses:

- 1) The dates Licensee began and completed the boundaries training course;
- 2) A brief statement of the topics covered in the professional boundaries training course;
- 3) A detailed discussion of what Licensee has learned from the boundaries training course, including Licensee's comprehension and knowledge of boundary issues, as well as various ethical issues encountered in practice, and how this course will affect her practice in the future;
- 4) A detailed discussion of each boundary violation that occurred regarding the circumstances described in the Facts section of this Stipulation and Consent Order, including (a) how Licensee came to violate these boundaries; (b) the manner in which Licensee violated these boundaries; (c) the specific harm to specific individuals that resulted or could have resulted from the boundary violations; and (d) how Licensee now believes the boundary violations could have been averted;
- 5) A detailed discussion of the specific ways this course will affect Licensee's practice in the future;
- 6) Licensee's reasons for believing she is capable of conducting herself in a fit, competent, and ethical manner in the practice of psychology; and
- 7) Any other information Licensee believes would assist the Board in its ultimate review of this matter.

g. ***Report on Boundaries Course From Instructor.*** Within 60 days of completing the professional boundaries course referenced above, Licensee shall cause to be submitted to the Committee a report from the instructor of the professional boundaries course.

This report shall address:

- 1) The extent of Licensee's participation in the course; and
- 2) The instructor's assessment of Licensee's knowledge obtained from the course and opinion as to Licensee's recognition of boundary issues and Licensee's ethical fitness to engage in the practice of psychology.

h. ***Coursework.*** Within one year from the date this stipulation and consent order is adopted by the board, Licensee must complete a course on current modalities for the treatment of DID as specified and approved by the Committee. Licensee shall obtain approval from the Committee before commencing the course. Successful completion shall be determined by the Committee.

i. ***Health Care Maintenance.*** Licensee is directed to follow-up with her primary care physician concerning any current medical issues or health problems identified in the Resurrection Health Care Comprehensive Assessment.

j. ***Fine for Violation of Order.*** If any due date required by this Stipulation and Consent Order is not met, the Committee may fine Licensee \$100 per violation. Licensee shall pay the fine and correct the violation within five days after service on Licensee of a demand for payment and correction. If Licensee fails to do so, the Committee may impose additional fines not to exceed \$500 per violation. The total of all fines may not exceed \$5,000. Licensee waives the right to seek review of the imposition of these fines under the Administrative Procedure Act, by *writ of certiorari* under Minn. Stat. § 480A.06, by application to the Board, or

otherwise. Neither the imposition of fines nor correction of the violation will deprive the Board of the right to impose additional discipline based on the violation.

k. **Costs.** Licensee is responsible for all costs incurred as a result of compliance with this Stipulation and Consent Order.

l. ***Applicability to Renewal Requirements.*** No condition imposed as a remedy by this Stipulation and Consent Order, including conditions directly related to a restriction, shall be used as a continuing education activity for the purpose of renewal of Licensee's license to practice psychology, unless it is specifically stated in this Stipulation and Consent Order that the condition may be used for this purpose.

5. All reports shall cover the entire reporting period and provide the bases upon which conclusions were drawn.

6. The Board or its authorized representatives shall have the right to discuss Licensee's condition with and obtain records from any person with whom Licensee has contact as a result of her compliance with this Stipulation and Consent Order or as a result of her being examined or her obtaining treatment, counseling, or other assistance on her own initiative or otherwise. Licensee shall execute releases and provide any health record or other waivers necessary for submission of the reports referenced in the stipulation, to enable the Board to obtain the information it desires, and to authorize the testimony of those contacted by the Board in any proceeding related to this matter.

7. The releases shall allow Licensee's supervisor and treating therapist to communicate with each other. Licensee shall also execute releases allowing the Board to exchange data related to this Stipulation and Consent Order with Licensee's supervisor, therapist, and any other professional Licensee contacts in order to comply with this Order.

8. Upon completion of all terms, provisions, and conditions of this Stipulation and Consent Order, Licensee may petition the Board to remove the restrictions on her license. The Board may, at any regularly scheduled meeting at which Licensee has made a timely petition, take any of the following actions:

- a. Remove the restrictions attached to the license of Licensee;
- b. Amend the restrictions attached to the license of Licensee;
- c. Continue the restrictions attached to the license of Licensee upon her failure to meet her burden of proof; or
- d. Impose additional restrictions on the license of Licensee.

9. In the event Licensee resides or practices outside the State of Minnesota, Licensee shall promptly notify the Board in writing of the location of her residence and all work sites. Practice outside of Minnesota will not be credited toward any period of Licensee's suspended, limited, conditioned, or restricted license in Minnesota unless Licensee demonstrates to the satisfaction of the Board that the practice in another jurisdiction conforms completely with Licensee's Minnesota licensure requirements to practice psychology.

10. If Licensee shall fail, neglect, or refuse to fully comply with each of the terms, provisions, and conditions herein, the Committee shall schedule a hearing before the Board. The Committee shall mail Licensee a notice of the violation alleged by the Committee and of the time and place of the hearing. Licensee shall submit a response to the allegations at least three days prior to the hearing. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

At the hearing before the Board, the Committee and Licensee may submit affidavits made on personal knowledge and argument based on the record in support of their

positions. The evidentiary record before the Board shall be limited to such affidavits and this Stipulation and Consent Order. Licensee waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Licensee's practice, or suspension, or revocation of Licensee's license.

11. This stipulation shall not in any way limit or affect the authority of the Board to temporarily suspend Licensee's license under Minn. Stat. § 148.941, subd. 3, or to initiate contested case proceedings against Licensee on the basis of any act, conduct, or omission of Licensee justifying disciplinary action occurring before or after the date of this Stipulation and Consent Order which is not related to the facts, circumstances or requirements referenced herein.

12. In the event the Board at its discretion does not approve this settlement or a lesser remedy than indicated in this settlement, then, and in that event, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced by either party to this stipulation, except that Licensee agrees that should the Board reject this stipulation and this case proceeds to hearing, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating to this matter.

13. Any appropriate court may, upon application of the Board, enter its decree enforcing the order of the Board.

14. Licensee has been advised by Board representatives that she may choose to be represented by legal counsel in this matter. Licensee is represented by Tom Pearson of Cronan,

Pearson, Quinlivan, P.A. The Committee is represented by Nathan W. Hart, Assistant Attorney General.

15. Licensee waives all formal hearings on this matter and all other procedures before the Board to which Licensee may be entitled under the Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein.

16. Licensee hereby knowingly and voluntarily waives any and all claims against the Board, the Minnesota Attorney General, the State of Minnesota and their agents, employees and representatives which may otherwise be available to Licensee under the Americans With Disabilities Act or the Minnesota Human Rights Act relative to the action taken or authorized against Licensee's license to practice psychology under this stipulation.

17. Licensee hereby acknowledges that she has read, understands, and agrees to this stipulation and has freely and voluntarily signed the stipulation without threat or promise by the Board or any of its members, employees, or agents. When signing the stipulation, Licensee acknowledges she is fully aware the stipulation is not binding unless and until it is approved by the Board. The Board may either approve the Stipulation and Consent Order as proposed, approve the Stipulation and Consent Order subject to specified change, or reject it. If the changes are acceptable to Licensee, the stipulation will then take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the stipulation, it will be of no effect except as specified herein.

18. This Stipulation and Consent Order constitutes a disciplinary action against Licensee.

19. This Stipulation and Consent Order is a public document and will be sent to all appropriate data banks.

20. This stipulation contains the entire agreement between the parties there being no other agreement of any kind, verbal or otherwise, which varies this stipulation.

BOARD OF PSYCHOLOGY

COMPLAINT RESOLUTION  
COMMITTEE

Suzanne James, Ph.D., LP  
Suzanne James, Ph.D., L.P.  
Licensee

Dated: September 28, 2009

Margaret Fulton, Ph.D., LP  
Margaret Fulton, Ph.D., L.P.

Dated: \_\_\_\_\_

Thanh Son Thi Nguyen-Kelly, Ph.D., LP  
Thanh Son Thi Nguyen-Kelly, Ph.D., L.P.  
Ph.D., LP

Dated: 10/09/09

Susan Ward  
Susan Ward

Dated: 9 October 2009

**ORDER**

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the license of Licensee is placed in a CONDITIONAL AND RESTRICTED status and that all other terms of this stipulation are adopted and implemented by the Board this 9<sup>th</sup> day of October 2009.

MINNESOTA BOARD

OF PSYCHOLOGY

A handwritten signature in cursive script, reading "Angelina M. Barnes".

ANGELINA M. BARNES

Executive Director

AG: #2482724-v1